
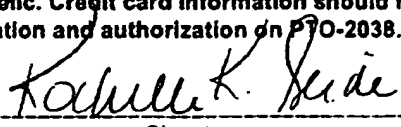


BAKER BOTTS LLP

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) PCT-USA (072667.0124)	
	In re Application of Freyssinet et al.		
	Application Number 09/486,094		Filed July 17, 2000
	For GENE CODING FOR * see attached		
	Group Art Unit 1638		Examiner Kubelik, A.
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</p> <p><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</p> <p><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <small>Difference between three-month fee and two-month fee previously paid</small></p> <p><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</p> <p><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-4377</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> </div> <div style="width: 35%; text-align: right;"> <p>\$_____</p> <p>\$_____</p> <p>\$ 530</p> <p>\$_____</p> <p>\$_____</p> </div> </div> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>November 12, 2003</u></p> <p>Date</p> <p>PTO Reg No.: 32,300</p> </div> <div style="width: 45%; text-align: right;">  <p>Signature</p> <p><u>Rochelle K. Seide</u></p> <p>Typed or printed name</p> </div> </div> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>			

11/19/2003 AWONDAF1 00000070 09486094

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Adjustment date: 04/07/2005 AKELLEY

11/19/2003 AWONDAF1 00000070 09486094

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Repln. Ref: 04/07/2005 AKELLEY 0011160900

DAH:024377 Name/Number:09486094

FC: 9204

\$530.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
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REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>4/1/05</u>		2 Serial/Patent # <u>09/486,094</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time		11/17/03	\$ 530							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 530							
10 REASON:		8 TO BE REFUNDED BY:									
		Treasury Check									
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	Duplicate Payment										
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
Cant buy EOT once app is abd.											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>E Shirene Wilks</u>			TITLE: <u>Pat Attny</u>								
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OFFICE: <u>Office of Patents</u>											
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APPROVED: <u>[Signature]</u>			DATE: <u>4/7/05</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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